Course Request Change 2018-2019

ALL PARTS OF THIS FORM MUST BE COMPLETED FOR CHANGE REQUEST TO BE CONSIDERED.

Student’s Name: ___________________________________ ID# __________________
Current Grade level: _____________

1. Parent(s) and students talked with the recommending teacher (current teacher) to discuss pros and cons of course placement.
   • Date of conversation: _______________________

2. Due to our staffing procedures, all changes in course requests for the 2018-2019 school year, all course request changes must be made by Wednesday, March 21, 2018.

As parent(s) and student, we are requesting the following change:

Recommended Course  Change to:
__________________________________________________  ________________________________

Please check reason(s) for change:

_____ Course appears too difficult  
_____ Not able to devote time to course 
_____ Course appears too easy  
_____ Other ________________________________

_____________________________________________  ______________________________________
Student Signature                                    Parent Signature

_____________________________________________  ________________________________
Teacher Signature                                    Date